

DPHHS-HCS/CC-161  
(Rev 12/11)

**Best Beginnings  
Child Care Scholarship Program**

**RELEASE OF INFORMATION  
REQUEST FOR  
SCHOOL/TRAINING VERIFICATION**

CCR&R ELIGIBILITY SPECIALIST STAFF ONLY	
CASE / CASE EVENT NUMBER	
HEAD OF HOUSEHOLD NAME	
ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE
ELIGIBILITY DETERMINATION DATE	R&R DATE STAMP
CASE EVENT WORKER NAME	

**DIRECTIONS for Applicant**

- Complete Section 1**  
*(Student/Applicants – Permission to Release Information)*
- Have your current employer complete sections 2 and 3**  
*(Employment and Wage Information and Employer Certification)*
- Return completed form to your Resources and Referral Agency**  
*(See 2nd page of application to get local Resource and Referral Agency address)*

**1. STUDENT / APPLICANTS - PERMISSION TO RELEASE INFORMATION**

I, \_\_\_\_\_, grant permission to \_\_\_\_\_  
for the release the information requested on this form to the Child Care Resource and Referral (CCR&R)  
Agency, listed above, in order to determine my family's eligibility for the Best Beginnings Child Care  
Scholarship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS for School Official**

The individual listed above has applied for a Best Beginnings Child Care Scholarship. The Best Beginnings Child Care Scholarship helps qualifying Montana families pay for their child care costs, while participating in qualifying activities, such as work and school. The student applicant's signature above authorizes the release of the information requested on this form. By completing this form you are providing information about the identified individual that will be used to determine their eligibility for child care assistance. Thank you for your cooperation.

## 2. STUDENT / APPLICANTS' - SCHOOL INFORMATION

Student Name:		
School Name:	School Address:	Enrollment Date:
Course of Study / Training Program	Anticipated graduation / completion date	Expected Degree / Certificate
Is this a Part Time or Full Time Student? <input type="checkbox"/> Part Time (_____ hrs per week) <input type="checkbox"/> Full Time (_____ hrs per week)		How many credits is this student taking per semester? _____ credits per semester
Is this student in good academic standing? If No, please explain: <i>(Is this individual on probation?)</i>		<input type="checkbox"/> Yes, good <input type="checkbox"/> No
Does this individual currently hold a bachelor's degree? If Yes, what is the degree in? _____ When was it earned? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>MONTHLY SCHOOL SCHEDULE</b>	- Please indicate the time the student's first class starts and the time the student's last class ends on any given day. - Please provide an official copy of the students class schedule						
	This schedule is good for the following semester: <i>(indicate year)</i> <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____						
	The semester that this schedule covers runs from: _____ to: _____						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm	am/pm to am/pm
	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day	Hrs per day
	<input type="checkbox"/> This schedule remains the same for the entire month					<input type="checkbox"/> This schedule varies from week to week	
If work schedule varies, please explain:							

## 3. SCHOOL OFFICIAL CERTIFICATION

SCHOOL NAME	SCHOOL PHONE #
SCHOOL ADDRESS	
<b>PLEASE READ AND SIGN:</b> I certify that the above information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this school	
Print Name: _____	Title: _____
Signature: _____	Date: _____